



# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/517,237
Filing Date	with an effective filing date of July 5, 2003
First Named Inventor	Gerhard GUMPOLTSBERGER
Group Art Unit	3681
Examiner Name	Dirk WRIGHT
Attorney Docket Number	ZAHFRI P688US

Total No. of Pages in this Submission: 17

## ENCLOSURES (check all that apply)

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Fee Transmittal Form (2)<br><input checked="" type="checkbox"/> Fee attached<br><input checked="" type="checkbox"/> Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request (in Duplicate)<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Part/s Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment papers (for an Application)<br><input checked="" type="checkbox"/> Drawings (2)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful)<br><input type="checkbox"/> To Convert a Provisional Petition<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Small Entity Statement<br><input type="checkbox"/> Request for Refund | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):<br>Postcard<br>Submission of Proposed Dwg Amend |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

REMARKS

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Scott A. DANIELS DAVIS & BUJOLD, P.L.L.C.	Reg. No. 42,462 <b>CUSTOMER NO. 020210</b>
Signature		
Date	December 11, 2006	

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on December 11, 2006.

Type or printed name	Scott A. DANIELS
Signature	Date: December 11, 2006 (lfb)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<div style="display: flex; align-items: center;"> <div> <p><b>Effective on 12/08/2004.</b> Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <p style="font-size: 1.2em; font-weight: bold;">FEE TRANSMITTAL For FY 2006</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> </div> </div>		<p><b>Complete if Known</b></p>																																																								
<p><b>TOTAL AMOUNT OF PAYMENT: \$450</b></p>		<p>Application No. Filing Date First Named Inventor Examiner Name Art Unit</p>	<p>10/517,237 w/effective filing date of 7-05-03 Gerhard GUMPOLTSBERGER Dirk WRIGHT 3681</p>																																																							
<p><b>METHOD OF PAYMENT (check all that apply)</b></p> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____</p> <p><input checked="" type="checkbox"/> Deposit Account      Deposit Account Number <u>04-0213</u>      Deposit Account Name: <u>DAVIS &amp; BUJOLD, P.L.L.C</u></p> <p>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)</p> <p><input type="checkbox"/> Charge fee(s) indicated below      <input type="checkbox"/> Charge fee(s) indicated below except for the filing fee</p> <p><input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17      <input type="checkbox"/> Credit any overpayments</p> <p><b>WARNING:</b> Information on this form may become public. Credit card information should not be included on the this form. Provide credit card information and authorization on PTO-2038.</p>		<p>Attorney Docket No.      <b>ZAHFRI P688US</b></p>																																																								
<p><b>FEE CALCULATION</b></p>																																																										
<p><b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Application Type</th> <th colspan="2">FILING FEES</th> <th colspan="2">SEARCH FEES</th> <th colspan="2">EXAMINATION FEES</th> <th rowspan="2">Fees Paid (\$)</th> </tr> <tr> <th></th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>200</td> <td>100</td> <td>_____</td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> <td>100</td> <td>50</td> <td>130</td> <td>65</td> <td>_____</td> </tr> <tr> <td>Plant</td> <td>200</td> <td>100</td> <td>300</td> <td>150</td> <td>160</td> <td>80</td> <td>_____</td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>600</td> <td>300</td> <td>_____</td> </tr> <tr> <td>Provisional</td> <td>200</td> <td>100</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>_____</td> </tr> </tbody> </table>				Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)		Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Utility	300	150	500	250	200	100	_____	Design	200	100	100	50	130	65	_____	Plant	200	100	300	150	160	80	_____	Reissue	300	150	500	250	600	300	_____	Provisional	200	100	0	0	0	0	_____
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<p><b>2. EXCESS CLAIM FEES</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Fee Description</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Each claim over 20 (including Reissues)</td> <td>50</td> <td>25</td> </tr> <tr> <td>Each independent claim over 3 (including Reissues)</td> <td>200</td> <td>100</td> </tr> <tr> <td>Multiple dependent claims</td> <td>360</td> <td>180</td> </tr> </tbody> </table> <div style="display: flex; justify-content: space-between;"> <div> <p><u>Total Claims</u> -20 or HP = <u>Extra Claims</u> x <u>Fee (\$)</u> = <u>Fee Paid (\$)</u></p> </div> <div> <p><u>Indep. Claims</u> -3 or HP + <u>Extra Claims</u> x <u>Fee (\$)</u> = <u>Fee Paid (\$)</u></p> </div> </div> <p>HP = highest number of independent claims paid for, if greater than 3.</p>				Fee Description	Fee (\$)	Small Entity Fee (\$)	Each claim over 20 (including Reissues)	50	25	Each independent claim over 3 (including Reissues)	200	100	Multiple dependent claims	360	180																																											
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<p><b>3. APPLICATION SIZE FEE</b></p> <p>If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td><u>Total Sheets</u> -100 =</td> <td><u>Extra Sheets</u> / 50 =</td> <td><u>No. of each additional 50 or fraction thereof</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> </tr> </table>				<u>Total Sheets</u> -100 =	<u>Extra Sheets</u> / 50 =	<u>No. of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>																																																		
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<p><b>4. OTHER FEE(S)</b></p> <p>2-month Extension of Term (LARGE) ..... <b>\$450</b></p> <p>Other (e.g., late filing surcharge): _____</p>																																																										
<p><b>SUBMITTED BY</b></p>																																																										
Signature		Telephone (603) 226-7490																																																								
Name (Print/Type)	Scott A. DANIELS	Registration No. (Atty/Agent) 42,462	Date: December 11, 2006																																																							